

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO	
REPORT <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH. PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED					
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH DAY 10/21/15 THU		TIME MILITARY 1257					
CRASH OCCURRED ON		1425 Columbus Ave		WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION		N S		E W		(LIST NEAREST INTERSECTING STREET MILEPOST. HOUSE NO		CITY CODE					
LOG-1		LOG-2		LOC JUR FH'9 FILT									
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Cincinnati Insur.							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Johnson, John A		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		1125 Navaho Dr. Lebanon, OH 45036							
PHONE NO 513-312-1882		BIRTH DATE 01/29/47		AGE 68 SEX M		SOCIAL SECURITY NO		STATE OH		DRIVER'S LICENSE NO RJ324924		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)		Johnson, Denise		ADDRESS		SAME		PHONE		SAME			
VEH YR 1999		MAKE Ford		MODEL Explorer		COLOR white		STYLE SW		STATE OH		LICENSE PLATE NO DUZ 7291	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8 UNIT NO. 2		NO OF OCCUPANTS 2		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Eric							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Hoying, Michelle A.		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		2381 Columbine Ct. Lebanon, OH 45036							
PHONE NO 513-405-9747		BIRTH DATE 01/26/73		AGE 42 SEX F		SOCIAL SECURITY NO		STATE OH		DRIVER'S LICENSE NO RU205110		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)		Pittman & Cryder Enterprises		ADDRESS		242 E. Columbia St Springfield OH 45503		PHONE		937-324-5571			
VEH YR 2014		MAKE Cadillac		MODEL		COLOR Red		STYLE 4 Dr		STATE OH		LICENSE PLATE NO A6CB	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES			
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F			
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES			
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F			
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		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F			
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		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F			
A B C		INJURED TAKEN TO		By				A B C D E F		ALCOHOL			
D E F		INJURED TAKEN TO		By				A B C D E F		ALCOHOL			
A B C		INJURED TAKEN TO		By				A B C D E F		ALCOHOL			
D E F		INJURED TAKEN TO		By				A B C D E F		ALCOHOL			
A		OFFENSE CHARGED AND DESCRIPTION						A B C D E F		ALCOHOL			
O		OFFENSE CHARGED AND DESCRIPTION						A B C D E F		ALCOHOL			
RECEIVED CALL 1257		DISPATCHED 1258		ARRIVED 1302		CLEARED 1319		OTHER TIME 15		TOTAL MINUTES 28			
DATE REPORT FILED 10/21/15		PHOTOS YES		OFFICER'S NAME Ptl C Brock		BADGE NO 126		CHECKED BY					

2015-17,379